

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/549612

## CLAIMS AS FILED - PART I

(Column 1)

Alison Alvarez

National Stage Processing

Patent Specialist

(703) 305-6121

SMALL ENTITY  
TYPE ☐

Alison Alvarez

National Stage Processing

Patent Specialist

(703) 305-6121

OTHER THAN  
SMALL ENTITY

| U.S. NATIONAL STAGE FEES                                  |   |  |
|---|---|--|
| BASIC FEE   | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |
| EXAMINATION FEE   | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE  | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS.                                  | minus 100 =   | / 50 =                                 |
| TOTAL CHARGEABLE CLAIMS                                   | 6 minus 20 =  | * -                                    |
| INDEPENDENT CLAIMS  | 4 minus 3 =   | * - 1                                  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |   |  |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| RATE       | FEE |
|------------|-----|
| BASIC FEE  |     |
| EXAM. FEE  |     |
| SEARCH FEE |     |
| X \$ 125 = |     |
| X \$ 25 =  |     |
| X \$ 100 = |     |
| + \$ 180 = |     |
| TOTAL      |     |

OR

| RATE       | FEE  |
|------------|------|
| BASIC FEE  | 300  |
| EXAM. FEE  | 200  |
| SEARCH FEE | 400  |
| X \$ 250 = |      |
| X \$ 50 =  |      |
| X \$ 200 = | 200  |
| + \$ 360 = |      |
| TOTAL      | 1100 |

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A

|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

AMENDMENT B

(Column 1)

(Column 2)

(Column 3)

|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.